

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>						<small>SERIAL NO.</small> <div style="font-size: 1.2em; font-family: monospace;">10790363</div>	<small>FILING DATE</small> <div style="font-size: 1.2em; font-family: monospace;">11/26/04</div>						
						<small>APPLICANT(S)</small> 							
<div style="display: flex; justify-content: space-between;"> 7/26/04 CLAIMS 11/26/04 </div>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
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21							71						
22							72						
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30							80						
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32							82						
33							83						
34							84						
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36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.						TOTAL IND.							
TOTAL DEP.						TOTAL DEP.							
TOTAL CLAIMS						TOTAL CLAIMS							

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10790363		FILING DATE				
							APPLICANT(S) 1126104						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101							151						
102			1				152						
103							153						
104							154						
105							155						
106							156						
107							157						
108			1				158						
109							159						
110			1				160						
111							161						
112							162						
113							163						
114							164						
115			1				165						
116							166						
117							167						
118							168						
119			1				169						
120							170						
121							171						
122			1				172						
123							173						
124							174						
125			1				175						
126							176						
127			1				177						
128							178						
129			1				179						
130							180						
131							81						
132							82						
133							83						
134			1				84						
135							85						
136			1				86						
137							87						
138							88						
139							89						
140							90						
141							91						
142							92						
143							93						
144							94						
145							95						
146							96						
147							97						
148							98						
149							99						
150							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						